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Combined Meeting of the Blueprint Executive Committee and the Blueprint Expansion, Design, and Evaluation Committee Notes of February 12, 2014

Present: D. Andrews, J. Batra, P. Berry, P. Cobb, N. Eldridge, P. Farnham, C. Fulton, M. Gilbert, J. Gilwee, P. Jackson, C. Jones, J. Krulewitz, M. Lavelle, N. Lovejoy, M. Mcadoo, L. McLaren, D. Noble, C. O'Hara, M. Olszewski, D. Prail, A. Ramsay, P. Reiss, J. Samuelson, C. Schutz, N. Ward, S. Wehry, M. Young

The meeting opened at 8:30 a.m.

I. *Evaluation Report – Craig Jones, MD*

Today's meeting will be devoted to the review of our evaluation results. *The Vermont Blueprint for Health 2013 Annual Report* has just been released. You will find great "At a Glance" snapshots of each Hospital Service Area in the Report. The "snapshots" include individual one-page summary of facts as well as 2013 activities within each Health Service Area. Much larger extended networks are forming in each community – not just the medical home initiative network. There is a Leadership Network of those who are organizing operations around the state and its impact is proving to be substantial. There is also a Learning Forum Network and Self-Management Network in place. Although not well known to others, these networks are quietly doing tremendous work behind the scenes.

Highlight: Practice profiles have been run for the first time. We have received a great deal of feedback and a new set of practice profiles have been generated. The current lag-time for these reports is one year. We hope to provide 2013 data at the end of this summer. We believe we can get the lag time down to 6 months in the future. We are currently traveling around the state to meet with physicians and provide evaluation results. This is aggregated data across all insurers and these results roll up into the statewide averages. This is a full continuum of measurement using the all payers database. Although no all-claims data sets are perfect, our utilization data appears to be solid. Vermont is plagued with low volumes however we feel we had a very good sampling of patients for the report.

Result Highlights:

- First time using 2012 data for this report
- Report consisted of 4 break-out groups: Commercial, Medicaid, Child and Adult
- This is not a practice level analysis but a medical home analysis.

- Page 15, *2012 Study Group Characteristics* is probably the most important slide to be shown today.
- In 2012 a lower amount was spent in claims vs. comparison group
- There is a pronounced difference when Medicaid special service data is taken out of the mix. Commercial insurers generally do not pay for transportation, etc.
- There was a short discussion regarding how to capture school based services and other claims based services. The way to capture this information is to begin linking data bases across departments. Concern was also raised about youth or special disabilities groups and how to capture that population.
- There was a reduction in pharmacy prescriptions across all groups. We are still trying to understand why that would happen. One explanation may be medication management intervention. It was also noted that if a patient pays cash for their prescriptions the system is currently unable to capture those transactions.
- Hospital admission rates tended to be lower.
- Primary care visits were up.
- Medical specialty visits were lower and surgical specialty visits tended to be lower.
- Emergency Department – Commercial visits were lower but Medicaid Emergency Room visits were higher.
- HEDIS measures tended to be numerically higher in the medical homes.

Program Payment Structure – Our payment model has not kept up with the delivery system. We hear consistently across the state that payments are insufficient. There is a strong call to increase payments. Staffing payments have not been revisited since 2008. We have no outcomes based payment as yet and what we are proposing is a composite payment structure. The clinicians have voiced variable interest in outcomes measures. We are very concerned about sustainability and will be focusing our time on payment change models.

With no further business, the meeting adjourned at 10:10 a.m.